

## **Supplemental Application Data Sheet**

### **Application Information**

Application number::	10/572,667
Filing Date::	<del>03/20/06</del> <u>01/13/09</u>
Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	N/A <u>1628</u>
CD-ROM or CD-R?::	None
Sequence submission?::	None
Computer Readable Form (CRF)?::	No
Title::	TREATMENT OF SEVERE DISTAL COLITIS
Attorney Docket Number::	C0875.70019US02
Request for Early Publication?::	No
Request for Non-Publication?::	No
Total Drawing Sheets::	8
Small Entity?::	No
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

### **Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Paul
Family Name::	Rufo
City of Residence::	West Roxbury
Country of Residence::	US
Street of mailing address::	35 Maxfield Street

City of mailing address:: West Roxbury  
State or Province of Residence:: MA  
Postal or Zip Code of mailing address:: 02132

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Wayne  
Middle Name:: I.  
Family Name:: Lencer  
City of Residence:: Jamaica Plain  
State or Province of Residence:: MA  
Country of Residence:: US  
Street of mailing address:: ~~60 Louder Lane~~ 60 Louders Lane  
City of mailing address:: Jamaica Plain  
State or Province of mailing address:: MA  
Postal or Zip Code of mailing address:: 02130

### **Correspondence Information**

Correspondence Customer Number:: 23628

### **Representative Information**

Representative Customer Number:: 23628

### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/US2004/030813	09/20/04
PCT/US2004/030813	An application claiming the benefit under 35 USC 119(e)	60/504,516	09/18/03

### Foreign Priority Information

### Assignee Information

Assignee name:: Children's Medical Center Corporation  
 Street of mailing address:: 300 Longwood Avenue  
 City of mailing address:: Boston  
 State or Province of mailing address:: MA  
 Postal or Zip Code of mailing address:: 02115